disease prevention news

November 4, 2002 www.tdh.state.tx.us/phpep/ Vol. 62 No. 23

Hepatitis A Outbreak in Henderson County

The Texas Department of Health is currently responding to 16 confirmed cases of hepatitis A in Henderson County, which is in TDH Public Health Region 4/5 North. The majority of cases apparently have resulted from person-to-person spread rather than a common source. Most of the cases have been among younger children, some occurring in a day-care setting.

TDH has scheduled clinics on October 23 and 24 to offer hepatitis A vaccinations for Athens children and teens aged 2 through 18 years. All those aged 2 through 12 are strongly urged to be vaccinated. The vaccine, given in 2 doses 6 months apart, generally becomes effective 2 to 3 weeks after each vaccination.

Hepatitis A is a viral liver infection whose signs and symptoms include fever, fatigue, loss of appetite, nausea, vomiting, and abdominal discomfort. Jaundice may occur a few days after onset of symptoms, which normally last 1 to 2 weeks. Severe complications are rare and occur more frequently in persons who have liver disease or weakened immune systems.

Once hepatitis A has established itself in a community, it can be difficult to control because

- The incubation period for hepatitis A is 15 to 50 days (most commonly 30 days), so it is often difficult to obtain a good patient history.
- Virus being shed in the feces reaches its peak 1 to 2 weeks prior to onset of symptoms. The majority of exposures have occurred before the patient presents to the health care provider.
- Cases that are not reported in a timely manner do not allow for the administration of immune globulin as a post-exposure prophylaxis.

The key to gaining control of this type of outbreak is to take prompt, aggressive action, which includes the following:

- Timely reporting of all suspected and confirmed cases
- Confirmation via appropriate laboratory testing
- Investigation of all reported cases
- Administration of IG to all appropriate contacts within 14 days of since the exposure occurred

The best way to prevent the spread of hepatitis A is through thorough hand washing after visits to the restroom, before preparing or serving food or drinks, and after changing a diaper. Vaccinations are sometimes warranted as an added control measure.

Hepatitis A, a notifiable condition in Texas, ***must be reported within 1 working day***. Those legally required to report—eg, health care providers, hospitals, schools, and laboratories—are asked to report suspected/confirmed cases of hepatitis A to the closest reporting agency, which in Athens is the Henderson County Disease Surveillance Office, 101 East Tyler Street; phone: 903/675-2092. *The toll-free number for statewide reporting is* 800/705-8868.

Prepared by Deborah Evans, TDH Public Health Region 4/5 North.

For further information regarding this outbreak contact Deborah Evans by phone, 903/595-3585 or by e-mail, deborah.evans@tdh.state.tx.us.

Meningococcal Disease Among Homeless Men in Dallas

In response to a recent outbreak of meningococcal disease among homeless men in central Dallas, the Texas Department of Health and local health authorities initiated a vaccination campaign that is the first of its kind in the United States. From July 7 through September 27, 4 cases were reported to TDH.* According to the Centers for Disease Control and Prevention, no previous attempt had been made to target homeless persons for vaccination against meningococcal disease. With Texas Department of Health (TDH) funding, vaccination services for over 1,500 homeless persons were provided by Dallas County Health and Human Services, the Dallas City Department of Environmental Health Services, TDH Public Health Region (PHR) 2/3, PHR 4/5 North, and the Texarkana-Bowie County FHC.

The first of 3 cases among homeless men was reported July 7, 2002, the second on August 2, and the last on September 27. An additional case reported August 9 was in a man residing in a halfway house for patients undergoing rehabilitation following treatment for alcohol and drug abuse. The 3 homeless case-patients had attended various shelters and food kitchens during the summer. Although none of the 4 men reported any contact with one another, the 4th case-patient (3rd homeless patient) received prophylaxis with antibiotic treatment after the index case was identified.

The ages of the 4 patients with culture-confirmed meningococcal disease ranged from 20 to 53 years; 2 were Black and 2 were Hispanic. The 53-year-old man died. Following the 3rd case in a homeless person, reported September 27, the decision was made to conduct vaccination clinics in area homeless shelters. Vaccinations were offered October 8-11, with follow-up clinics conducted the following week. Follow-up vaccination efforts are scheduled to be completed by November 1, 2002.

All 4 cases were culture confirmed by the TDH Bureau of Laboratories Microbiological Services Division using biochemical and serological methods. Pulsed-field gel electrophoresis (PFGE) fingerprinting was performed. The isolates, identified as Group C *Neiserria meningitidis* , were indistinguishable by PFGE. In addition to the vaccination efforts, other control efforts included prophylaxis of direct contacts of the 4 case-patients and education regarding risk behaviors that might enhance transmission of *N. meningitidis.*

Meningococcal disease is caused by a gram-negative diplococcus, *N. meningitidis*, which is transmitted from person to person by the respiratory route. The bacteria is spread by any means that allows the saliva or respiratory droplets from one person to get into the mouth or nose of another person. Sneezing or coughing directly in someone's face, kissing, and sharing eating or drinking utinsels are some common ways that a person infected with *N. meningitidis* can transmit this

Confirmed and suspected cases of invasive meningococcal infections **must** be reported immediately by calling 800/705-8868 (which routes callers to their closest local health authority) or 800/252-8239 (which reaches the TDH Central Office in Austin.) Required case/patient information includes name, age, sex, race/ethnicity, DOB, address, telephone number, date of onset, method of diagnosis. The name, address, and telephone number of the physician also must be included.

Continued on Page 5 ☞

* TDH considers a meningococcal disease outbreak in Texas to be 3 or more cases confirmed and epidemiologically-linked during a period of 3 months and resulting in a primary attack rate of 10 cases per 100,000 population.

Meningococcal Disease, Cont. from Pg. 2

infection to someone else. It is not uncommon for people to be asymptomatic carriers of nasopharyngeal *N. meningitidis*. Factors that increase the chance that nasopharyngeal carriage will progress to invasive disease include crowded living conditions, poor economic status, active and passive smoking, and preceding or coincident respiratory infections from viruses or mycoplasma.

Isolates from all cases **must be submitted** to TDH Austin laboratories for serogrouping and fingerprinting.

Isolates should be sent by overnight mail (with a completed TDH G-1A laboratory specimen submission form) to

TDH Bureau of Laboratories
1100 West 49th Street
Austin, Texas 78756

It may be possible to determine serogroup on probable (CSF culture-negative) cases by PCR testing (available only at CDC through TDH request). CSF from probable (culture-negative) cases should be held for 10 weeks in the event PCR testing is indicated.

Call 512 / 458-7582 *for additional laboratory information. For further information about this outbreak, contact Neil Pascoe, RN, BSN, CIC, at* 512 / 458-7676, neil.pascoe@tdh.state.tx.us *or Assefa Tulu*, MD, at 214 / 819-2023, ATulu@dallascounty.org.

November is National Alzheimer's Disease Awareness Month

Alzheimer's Disease: a Rapidly Growing Health Concern

Approximately 4 million Americans (280,00 Texans) currently have Alzheimer's disease (AD), an irreversible brain disorder that causes a steady decline in memory, thinking, and behavior and is always fatal. The average lifetime cost per AD patient is $174,000. Unless a cure or effective prevention is found, the number of Americans with Alzeimer's disease will increase to around 14 million by the year 2050. For now, no single diagnostic test can detect this disease, but new diagnostic tools and criteria make possible a clinical diagnosis with an accuracy of 85%-90%. The National Alzheimer's Association recommends the following diagnostic process:

- **Complete medical history.** Document current mental or physical conditions, prescription drug intake, and family history of health problems.
- **Mental status evaluation.** Assess sense of time and space and the ability to remember, understand, talk, and do simple calculations.
- **Physical examination.** Determine nutritional status, blood pressure, and pulse to rule out other potential causes of dementia (eg, cardiac, atherosclerosis and respiratory, liver, kidney, or thyroid diseases).
- **Neurological examination.** Test brain and spinal cord for evidence of other neurological disorders such as stroke, Parkinson's disease, brain tumor, or hydrocephalus that may cause dementia-like symptoms. Evaluate coordination, muscle tone and strength, eye movement, speech, and sensory abilities.
- **Laboratory tests.** Order blood and urine tests to check for anemia, infections, diabetes, kidney and liver disorders, nutritional deficiencies, and abnormally high or low levels of thyroid hormone. Order brain imaging techniques (eg, a CT scan or MRI) as necessary to rule out such factors as tumors, stroke, and blood clots.
- **Psychiatric, psychological, and other evaluations.** Rule out illnesses such as depression that can cause symptoms similar to those seen in AD. These evaluations test memory, reasoning, writing, vision-motor coordination, and the ability to express ideas; they generally provide more in-depth information than does the mental status evaluation alone.

Although no combination of diagnostic tests can result in a conclusive diagnosis of AD, the above tests help rule out other possible causes of dementia-like symptoms. If all test results appear to be consistent with AD, the usual clinical diagnosis is "probable Alzheimer's disease," or "dementia of the Alzheimer type." If the symptoms are atypical, with no other cause found, the diagnosis may be "possible Alzheimer's disease." A definitive diagnosis of AD can be obtained upon autopsy of the brain at death.

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Perspectives in Public Health: Medical Errors

On Friday, December 6, 2002, from 8:00 AM to 4:10 PM, the Texas Department of Health (TDH) will present its Perspectives in Public Health: TDH Quarterly CME Conference. Designed for public health and primary care physicians, the conference will be held at the North Austin Medical Center, 12221 N. Mopac, Austin, Texas.

The program will consist of lectures supplemented by audiovisual slide presentations.

After attending this conference, the participants will be able to

- prevent, detect at an early stage, treat, control, or take remedial action against specific medical conditions that may adversely affect the health of individuals and populations in Texas;
- identify policies, processes, and products that promote and protect the health of people and preserve environmental quality; and
- establish relationships with other physicians concerned with public health and preventive medicine issues through dialogue with presenters and other participants.

Topics covered at the upcoming conference include

- Managing Threat and Error In Medicine (2 hours)
  Robert L. Helmreich, PhD, FRAES, Human Factors Research Project, The University of Texas at Austin
- Evidence Based Medicine in Medicaid Pharmacy Programs
  Josie Williams, MD, MMM, CPE, Assistant Professor, College of Medicine Texas A&M University Health Science Center
- Medical Newsdesk
  W.S. Riggins, Jr., MD, MPH, Regional Director, Public Health Region 8, Texas Department of Health
- Management Challenges in The Public Health Environment
  James K. Morgan, MD, MPH, Regional Director, Public Health Region 7, Texas Department of Health
- Avoidance and Reduction of Burnout and Stress In Physicians
  Lloyd Berg, PhD, Behavioral Health Consultants

The Texas Department of Health designates this educational activity for a maximum of 6 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

The Texas Department of Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Common Symptoms of Alzheimer's

The Alzheimer's Association has developed a checklist of common symptoms for Alzheimer's disease. If several items are checked and the symptoms progress over time, the individual may have some form of dementia. Additional testing will be required to make a diagnosis of probable Alzheimer's disease.

- ☐ **Recent memory loss that affects job skills.** Forgetting things often and not remembering them later, such as the name of your boss.
- ☐ **Difficulty performing familiar tasks.** Forgetting to serve a meal and forgetting you cooked it.
- ☐ **Problems with language.** Forgetting simple words and substituting inappropriate words, making a sentence or phrase difficult to understand.
- ☐ **Disorientation of time and place.** Not knowing where you are or how you got there.
- ☐ **Poor or decreased judgment.** Forgetting responsibilities, such as caring for a child. Dressing inappropriately, such as wearing several shirts at once.
- ☐ **Problems with abstract thinking.** Having difficulty performing complicated tasks, such as balancing a checkbook and forgetting what the numbers are and what to do with them.
- ☐ **Misplacing things.** Putting things in inappropriate places, such as putting an iron in the f freezer.
- ☐ **Changes in mood or behavior.** Having rapid mood swings with no apparent reason.
- ☐ **Changes in personality.** Feeling confused, suspicious or fearful.
- ☐ **Loss of initiative.** Becoming passive and requiring prompting to become involved in daily activities.

✂----------

4C423-018 *Registration Form*

Perspectives in Public Health: Medical Errors
Texas Department of Health Quarterly CME Conference
Friday, December 6, 2002 8:00 AM - 4:10 PM

Registration Fee: ☐ *$50 Regular* ☐ *$25 Residents/Fellows (with verification letter)* ☐ *Please call me regarding special needs*

Name _____ SS # _____ Change of Address ☐ Y ☐ N

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

Speciality _____ Discipline ☐ MD ☐ DO ☐ PA ☐ Resident ☐ RN ☐ Other

Fax # _____ Internet Address _____

Employment Setting: ☐ TDH ☐ Local Health Dept. ☐ Private Practice ☐ Managed Care ☐ Other - Specify

Method of Payment ☐ Visa ☐ Mastercard ☐ Check (Payable to "**TDH 4C423-018**")

Name on Card _____ Card # _____

For $ _____ Expiration Date _____ Cardholder Signature _____

For information and to register, call **(800) 252-8239 press 4 or (512) 458-7677**.
To pay by check, include payment with this registration form and mail to
Texas Department of Health 4C423-018, P.O. Box 149200, Austin, Texas 78714-9200
Space Is Limited - Reservations Must Be Received By November 22, 2002

PHPE Use Only
Amount _____
Rec'd _____
CC Posted _____

Bimonthly Statistical Summary of Selected Reportable Diseases: Provisional Cumulative Data

Jan-aug 2002

Selected Diseases/Conditions	HHSC Region											Selected Texas Counties								Cumulative[1]	
	1	2	3	4	5	6	7	8	9	10	11	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	2001	2002
Sexually Transmitted Diseases[2]																					
Syphilis, primary and secondary	21	2	211	4	4	80	35	39	0	9	11	37	134	8	71	5	2	73	15	306	416
Congenital Syphilis	0	0	10	0	0	23	4	0	0	0	6	0	6	0	22	4	0	2	4	49	43
Resistant Neisseria gonorrhoeae	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Enteric Diseases																					
Salmonellosis	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Shigellosis	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Hepatitis A	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Campylobacteriosis	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Bacterial Infections																					
H. influenzae type b, invasive	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	2
Meningococcal, invasive	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Lyme disease	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Vibrio species	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0
Other Conditions																					
AIDS[4]	34	10	599	45	58	630	158	139	19	52	114	112	429	47	562	27	21	104	85	1953	1921
Hepatitis B	6	5	23	11	4	28	29	10	5	2	13	2	10	2	23	0	4	7	21	529	137
Adult elevated blood lead levels	1	4	262	6	38	35	21	0	2	0	8	0	8	0	30	0	0	1	7	569	377
Animal rabies - total	20	47	241	49	34	77	200	23	52	3	12	7	11	3	15	1	3	25	11	766	758
Animal rabies - dogs and cats	2	5	7	0	0	0	10	1	3	1	0	1	0	1	0	0	0	2	0	24	29
Tuberculosis Disease (2) (4)																					
Children (0-14 years)	0	1	15	5	0	16	5	4	0	1	14	2	9	1	14	6	1	4	2	63	61
Adults (>14 years)	5	11	259	26	23	281	80	62	8	30	130	43	167	29	243	42	11	71	46	873	926
Injuries[2]																					
Spinal Cord Injuries (5)	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0

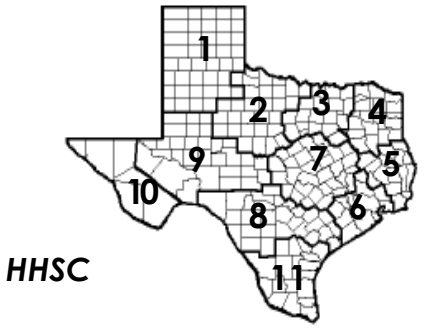
1. Cumulative to this month. 2. Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset. 3. Voluntary reporting. 4. AIDS + TB totals include reported cases from Texas Department of Corrections, which are not included in the regional and county totals. 5. 6 reports were missing PHR identification.
* Data Incomplete

Call 1-800-705-8868 to report

1999 POPULATION ESTIMATES

HHSC REGIONS							
1	770,440	**4**	971,877	**7**	1,989,767	**10**	784,287
2	533,633	**5**	690,501	**8**	2,076,931	**11**	1,687,473
3	5,366,008	**6**	4,557,450	**9**	567,058		
STATEWIDE TOTAL			19,995,428				

SELECTED COUNTIES			
Bexar	1,360,411	**Hidalgo**	528,300
Dallas	2,172,486	**Nueces**	315,965
El Paso	755,339	**Tarrant**	1,506,790
Harris	3,268,099	**Travis**	647,366



Vaccine-Preventable Disease Update
Reported Cases with Onset From July 1 thru August 31, 2002

Condition	County	Number of Cases	Date of Onset	Condition	County	Number of Cases	Date of Onset
Measles	Collin	1	7/10	**Pertussis**	Grimes	1	7/2
Pertussis	Anglina	1	7/7			1	7/15
		1	7/25			1	7/19
		1	7/26			1	7/23
	Bell	1	7/1		Harris	1	7/13
		1	7/8			1	7/14
		1	7/15			1	7/18
		1	7/21			1	8/6
		1	7/22		Hays	1	8/5
		1	8/8		Hidalgo	1	7/18
	Brazoria	1	7/7			1	7/22
		1	7/11			1	7//30
		2	7/18		Johnson	1	7/6
		1	7/20			1	7/25
	Brazos	1	7/8		Kaufman	1	7/4
		1	7/9		Llano	1	7/18
		1	8/8		Madison		7/1
	Burnet	2	7/1			1	7/8
		1	7/2		Montgomery	1	7/4
		1	7/3			1	7/20
		1	7/5			1	7/25
		1	7/8		Nacogdoches	2	7/27
		2	7/10			1	7/29
		1	7/12		Nueces	1	7/25
		1	7/15			1	7/27
		1	7/26		Smith	1	7/4
		1	8/1		Tarrant	3	7/1
		2	8/2			1	7/8
		1	8/7			1	7/10
	Cameron	1	8/1			1	7/13
		1	8/10			1	7/17
	Dallas	1	7/1			1	7/22
		1	7/3		Taylor	2	7/12
		1	7/7			1	7/25
		1	7/8		Travis	1	7/4
		1	7/12			1	7/18
		1	7/14			1	7/24
		1	7/15			1	8/12
		1	7/16			1	8/14
		1	7/19		Wichita	1	7/4
		1	7/20		Williamson	1	7/1
		1	7/28			1	7/7
		1	8/6			1	7/8
		1	8/8			1	7/9
		1	8/14			1	7/10
	Denton	1	8/6			1	7/12
	Duval	1	7/12			1	7/13
	Ellis	1	7/15			1	7/31
	Franklin	1	7/1		Wise	1	7/10
	Grayson	1	8/2			2	8/8

YTD	Measles	Mumps	Pertussis	Rubella	Tetanus
	1	9	766	1	1

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The electronic version of *Disease Prevention News,* the subscription form, and a searchable index of issues from 1995 are available at the followingwebsite:
www.tdh.state.tx.us/phpep/

TDH Publication #E59-10940

Visit the Texas Department of Health Web Alzheimer's Program Web site for further information including AD statistics, diagnosis and treatment, options for care, certified facilities, and hints for family caregivers.

www.tdh.state.tx.us/alzheimers/alz.htm

DPN Reminder: Print subscriptions for *Disease Prevention News* (DPN) will be discontinued at the end of this renewal period, December 31, 2002. The last printed issue will be the one dated December 9, 2002 (Vol 62, No. 26). See *DPN* Vol. 62, No. 20 for further details. Print subscribers are advised to sign up for one of the *DPN* electronic subscription services, available online at www.tdh.state.tx.us/phpep/ as soon as possible to ensure continuation of subscriptions without a lapse. Please send any questions or comments to *DPN* staff at dpn@tdh.state.tx.us or

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